



USDA - FOOD STAMP APPLICATION FOR STORES

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☐ Other (describe): _____





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OWNERSHIP INFORMATION

7. Type of Ownership - Shade one type:

- ☐ Sole Proprietorship ☐ Limited Liability Company ☐ Government-owned
(If you shade this item, skip to item #10)
- ☐ Partnership ☐ Cooperative ☐ Limited Liability Partnership
- ☐ Privately-held corporation ☐ Publicly-owned corporation (If you shade this item, skip to item #9)

8. a. Enter primary owner(s) or major shareholder(s) if the store is owned by one or more people or a private corporation. (In community property States, the spouse's information must be entered.) Enter officer's information if the store is owned by a cooperative. Print name as it appears on social security card.

First Name										Middle Name									
<input type="text"/>										<input type="text"/>									
Last Name																			
<input type="text"/>																			
Street Number					Street Name (or Post Office Box)														
<input type="text"/>					<input type="text"/>														
City										State		Zip Code							
<input type="text"/>										<input type="text"/>		<input type="text"/>							
Title																			
<input type="text"/>																			
Social Security Number										Date of Birth: MM/DD/YYYY									
<input type="text"/>										<input type="text"/>									

b. Enter other owners/shareholders or officer information (If any):

First Name										Middle Name									
<input type="text"/>										<input type="text"/>									
Last Name																			
<input type="text"/>																			
Street Number					Street Name (or Post Office Box)														
<input type="text"/>					<input type="text"/>														
City										State		Zip Code							
<input type="text"/>										<input type="text"/>		<input type="text"/>							
Title																			
<input type="text"/>																			
Social Security Number										Date of Birth: MM/DD/YYYY									
<input type="text"/>										<input type="text"/>									

NOTE: Enter the above information on the Attachment on page 5 if there are more owners, shareholders or officers.

9. Is this store a franchise? ☐ Yes ☐ No

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- b. Estimate the percentage (%) of your annual retail sales (#13) that comes from the types of items you shaded in #15a. [%
16. Estimate the percentage (%) of your annual retail sales (#13) that comes from the sale of hot foods and non-food items such as: Gas, Tobacco, Alcoholic Beverages, Lottery Tickets, Paper and Cleaning Products, etc. [%
- NOTE: Boxes #15, #15b, and #16 should total 100%**
17. a. In addition to sales to the general public, will this location do business as a WHOLESALE to other businesses, hospitals, restaurants, etc.? ☐ Yes ☐ No
(If yes, complete item #17b) (If no, skip to item #18)
- b. Estimate your annual sales to these businesses (all food and non-food): \$ [] , [] , [] , [] . 0 0 cents
18. Has the owner(s), manager(s), and/or officer(s) ever had a license denied, withdrawn, or suspended, or been fined for license violations (i.e., FSP, WIC, business, alcohol, tobacco, lottery, or health licenses)? ☐ Yes ☐ No
If "yes", provide an explanation on page 5 of the attachment.
19. Has any individual involved in the ownership or management of the firm ever been convicted of any crime? ☐ Yes ☐ No
If "yes", provide an explanation on page 5 of the attachment.

AGREEMENT

I UNDERSTAND AND AGREE:

- I have authority to contract for the firm.
- I have provided truthful and complete information on this form.
- I hereby agree to release to the Department of Agriculture (USDA), by my signature below, my tax records and also to allow USDA to verify the accuracy of information submitted with this application.
- Any information I provide may be verified and shared by/with other agencies as described on the attachment.
- If I provide false information, my application may be denied or withdrawn.
- I accept responsibility to report changes in the firm's ownership, address, type of business, and operation to the FNS FIOffice.
- I will follow, and ensure employees will follow, the Food Stamp Program regulations. I am aware that violations of program rules can result in fines, legal sanctions, withdrawal, or disqualification from the Food Stamp Program.
- I accept responsibility on behalf of the firm for violations of the Food Stamp Program regulations, including those committed by any of the firm's employees, both paid or unpaid, new and part-time. These include violations, such as but not limited to:
 - Trading cash for food stamp benefits
 - Knowingly accepting food stamp benefits from people not authorized to use them
 - Accepting food stamp benefits as payments on credit accounts or loans
 - Accepting food stamp benefits as payments for ineligible items
- Participation can be denied or withdrawn if my firm violates any laws or regulations issued by Federal, State, or local agencies. In addition, disqualification from the WIC Program may result in Food Stamp Program disqualification.
- Any individual or firm accepting or redeeming food stamp benefits, if not authorized to do so, is subject to substantial fines and administrative sanctions.
- I have read and understand the Privacy Act Statement, Warnings, and Certification as provided.

X

Signature

Date Signed

Print Name

Print Title

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs or disability. To file a complaint of Discrimination, write: USDA, Director, Office of Civil Rights, Room 326W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410.

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ATTACHMENT

8. (Continued): OTHER OWNERS, SHAREHOLDERS, OR OFFICERS' INFORMATION:

First Name	Middle Name	Last Name	Date of Birth: MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

First Name	Middle Name	Last Name	Date of Birth: MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

18. (Continued): If you answered "yes", provide an explanation:

19. (Continued): If you answered "yes", provide an explanation:

Privacy Act Statement-By law we are allowed to ask you for the information on the application, including social security numbers (SSNs) and employer identification numbers (EINs). You do not have to give us these numbers, but we will turn down your application if you do not give us the numbers. We can use and share the information you give us with other Federal, State or local offices as explained in the next section of this document called "Use and Disclosure." (See Title 7 U.S.C. 2018(c), Title 26 U.S.C. 6109 (f), Title 42 U.S.C. 405(c) and Title 31 U.S.C. 77019(c)). We can only share SSNs and EINs with other Federal agencies which are allowed, by law, to have these numbers in their own records (See Title 26 U.S.C. 7213 and Title 7 U.S.C. 2018(c)).

Use and Disclosure-We may use computers to check the information you give us against the information kept by other Federal agencies to ensure that the information you gave us is true, including SSNs and EINs. We will use the information you give us for managing and enforcing the food stamp laws and rules. We will also use the information to check on people and stores who we think may be violating food stamp laws and rules. We can share SSNs and EINs with the Department of Justice for lawsuits and with the Treasury Department or other Federal agencies for reporting and collecting monies owed to us, including taking what you owe us out of a future Federal tax refund, Federal salary, or Federal benefit you may receive (7 U.S.C. 2022 and 31 U.S.C. 3711). The information you give us (except SSNs and EINs) can also be shared with: (1) private collection agencies for collecting monies owed to us; (2) with local police and Federal and State agencies responsible for enforcing the Food Stamp Act or any other Federal or State laws and rules; and (3) State agencies responsible for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

Penalty Warning Statement-We can turn down or take away our approval for you to take food stamp benefits as payment for food sold in your store if you: (1) lie or give us untrue information; or (2) try to hide information we ask you to give us. If you lie, give us untrue information, or hide information from us, you and the people who own the store, can be made to pay \$10,000 or be put in jail for as long as five years or both (7 U.S.C. 2024 and 18 U.S.C. 1001).

Certification and Signature-By signing your name on this application, you are telling us that: (1) you are the store owner or that the store owner(s) have asked you to apply for them; (2) the information you and/or the owner(s) gave us on this form, or papers we asked for, are true; (3) you read and understand all the information on this sheet; (4) you understand that you and the person(s) for whom you are applying are responsible for stopping workers, paid and unpaid, from breaking food stamp rules such as, but not limited to: (a) trading cash for food stamp benefits; (b) taking food stamp benefits from people not allowed to use them; (c) taking food stamp benefits to pay on a credit account or loan; (d) taking food stamp benefits to pay for items not allowed to be paid for with food stamps benefits. We can take away a store's right to take food stamp benefits as payment for food sold in your store if any owner(s), manager(s) or anyone working in the store violates any of the food stamp law or rules.

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